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INDICATION FORM**

Application Number	10/858,486
Filing Date	09/08/2003
First Named Inventor	Spielberger, Peter
Title	Holster for Handgun
Art Unit	3727
Examiner Name	Vanterpool, L.
Attorney Docket Number	HG-4C1 (formerly SPIEL/SMARTCOP PA)

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	May 16th 2008
Name	Peter Spielberger	Telephone	805 239 1440
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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